

TO:

Providers Requesting Medical Eligibility Review for Long Term Care

and Community Services

FROM:

Linda Oliver, Project Director

SUBJECT:

Transition

DATE:

February 18, 2011

First, Delmarva Foundation would like to thank our partners, both State and providers, for their patience and understanding during the initial period of our contract for Utilization Control. As you surely know by now, we have experienced unexpected difficulties in implementing iEXCHANGE and Alineo. This has unfortunately resulted in delays in processing Medical Eligibility Review (MER) requests for our providers. Consequently, we have also experienced an extremely heavy call volume and regret that we have been unable to respond to requests and telephone calls as quickly as we should.

Please know that we are working diligently to resolve the difficulties with iEXCHANGE and Alineo. In the meantime, we are also endeavoring to respond to each request and telephone call as quickly as possible. To assist you in obtaining needed responses, the following is suggested:

- For MER, iEXCHANGE remains the preferred method of submission. If you cannot get into iEXCHANGE, though, please feel free to fax level of care requests to Delmarva at 1-888-513-2002.
- If you previously submitted a request to <u>KePRO</u> and have not received a response, we recommend that
  you resubmit the request to Delmarva. If you have a hard copy of the KePRO submission, please fax to
  Delmarva; otherwise, please enter into iEXCHANGE if possible.
- If you have submitted a MER request <u>directly to Delmarva</u>, please do not resubmit the request, unless specifically requested to do so by Delmarva.
- 4. As noted above, due to the extremely heavy volume of telephone calls Delmarva is having difficulty returning calls as quickly as would ordinarily be expected. To help reduce delays and facilitate timely communication, the following is recommended:
  - a. When requesting temporary ID numbers for iEXCHANGE submission, it is best to submit by fax. Please include the applicant's name, address, Social Security number, and date of birth. Please also provide the provider's name, contact name, and contact telephone number.
  - b. When following up on specific requests, again it is best to use fax or e-mail. E-mail requests for information should be addressed to Sheila Marshall, Long Term Care Manager, at <a href="marshalls@dfmc.org">marshalls@dfmc.org</a>. If using e-mail, please do not include any HIPAA protected health information (PHI) such as name or MA number; Delmarva-assigned case numbers, however, may be included. If referencing PHI, please submit by fax.

c. When calling Delmarva, it is best to use the Provider Services Line, (866) 571-3629, unless specifically instructed to call a direct line. If possible, please allow four to five business days for your call to be returned. If your request is urgent, however, it is recommended that you use fax or e-mail. Also, please note any special urgency you are experiencing (e.g., pending hospital discharge) so the request may receive the appropriate attention.

Again, we really appreciate your patience and understanding during this transition. Please be assured that Delmarva will continue to make every effort to provide timely service to providers and recipients.

Linda Oliver